



FLUVANNA-LOUISA HOUSING FOUNDATION

BETTER HOUSING. STRONGER COMMUNITY.

First Time Homebuyers

Client Intake Form

Complete this Client Intake Form to be considered for a new home. If you have questions about completing this form, email lchavis@louisa.org or call **540-967-3438**.

Client Intake Form Instructions:

1. Complete this intake form in its entirety.
2. Submit the intake form by email to lchavis@louisa.org or fax it to 540-967-3488 or return it in person to 144 Resource Lane, Suite A, Louisa, VA 23093.

Please note: When accessing our services, if you need assistance due to a language barrier, mobility impairments, visual or hearing impairments or other disabilities please let us know so we can provide necessary accommodations.

Primary Applicant Information

First Name:		Middle Initial:		Last Name:	
Street Address:					
City:		State:		Zip code:	
Work Phone:		Home Phone:		Cell Phone:	
Email:					
Check One:		<input checked="" type="checkbox"/> Fluvanna		<input type="checkbox"/> Louisa	
Please check the best way to contact you:		Email <input checked="" type="checkbox"/>	Cell Phone <input type="checkbox"/>	Home Phone <input type="checkbox"/>	Mail <input type="checkbox"/>
Number of people living in the household			Adults:	Children:	
Number of people receiving income in the household:			Birthdate (mm/dd/yy):	Gender:	
Preferred Language:		Education Level:		Marital Status:	
Housing Choice Voucher?		YES	NO	Active Duty Military?	YES
Do you have a disability?		YES	NO	Are you a Veteran?	YES
Have you owned a home in last 3 years?		YES	NO	Are you a US citizen?	YES
Current Residence		RENT	OWN	Time at residence:	
If renting, have you ever paid rent late?		YES	NO	If yes, when?	

Co-Applicant (if applicable)

First Name:		Middle Initial:		Last Name:	
Street Address:					
City:		State:		Zip code:	
Work Phone:		Home Phone:		Cell Phone:	
Email:					
Preferred Language:		Education Level:		Relation to Applicant:	
Birthdate (mm/dd/yy):		Gender:		Marital Status:	
Do you have a disability?		YES	NO	Active Duty Military?	YES
Are you a US citizen?		YES	NO	Are you a Veteran?	YES
Current Residence ::		RENT	OWN	Time at residence:	
If renting, have you ever paid rent late?		YES	NO	If yes, when?	

OTHER HOUSEHOLD MEMBERS: Please list the name, age and relation to applicant for ALL household members

CURRENT BUDGET

INCOME: Please provide proof of all household income from all sources (employment, government benefits, self employment, pensions, etc.)

Employer Name or Source of Income (SSI/Disability, etc.)	Start Date	Frequency of pay	Yearly income BEFORE taxes	Job Title	Household Member
			\$		
			\$		
			\$		
			\$		

LIABILITIES/DEBTS: please include information on car loans, student loans, credit cards, judgements, collections, etc.

Creditor	Type of debt	Remaining Balance	Monthly Payment	# of months behind	\$ behind
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$

FIXED EXPENSES: please include information on all fixed expenses for the applicant and co-applicant

Rent/Mortgage \$ _____	Internet Service \$ _____	Renter/Home Insurance \$ _____
Electric \$ _____	Television Service \$ _____	Child Support/Alimony \$ _____
Gas/Oil \$ _____	Trash Pickup \$ _____	Child Care \$ _____
Water/Sewer \$ _____	Medical Insurance \$ _____	HOA/Condo Fees \$ _____
Cell/Home Phone \$ _____	Auto Insurance \$ _____	Other: \$ _____
Streaming Service \$ _____	Life Insurance \$ _____	Other: \$ _____

FLEXIBLE EXPENSES: please include information on all fixed expenses for the applicant and co-applicant

Savings \$ _____	Tuition/Books \$ _____	Alcohol/Cigarettes \$ _____
Groceries \$ _____	Auto Gas/Electric \$ _____	Laundry/Dry Cleaning \$ _____
Eating Out \$ _____	Auto Maintenance \$ _____	Entertainment/Hobbies \$ _____
Cleaning Supplies \$ _____	Ride Sharing/Taxi \$ _____	Barber/Salon Services \$ _____
Lawn Care \$ _____	Parking/Tolls \$ _____	Membership (Gym, etc.) \$ _____
Clothing \$ _____	App Purchases \$ _____	Maintenance/Repairs \$ _____
Pets \$ _____	Church/Charity \$ _____	Other: \$ _____
Doctor/Dentist \$ _____	Lottery/Bingo \$ _____	Other: \$ _____

Fluvanna Louisa Housing Foundation Privacy Policy

Fluvanna Louisa Housing Foundation is committed to assuring the privacy of individuals and/or families who have contacted us. We realize that your information is highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expense, and personal information concerning your financial circumstances, will be used to determine that this house is affordable for you and your family. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you:

- Information we receive from you orally, on applications or other forms, such as your name, address, assets, and income
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transaction and credit card usage
- Information we receive from a credit reporting agency, such as your credit history

You may opt-out of certain disclosures:

- You have the opportunity to “opt out” of disclosures (direct us not to make those disclosures) of your nonpublic personal information to third parties such as your creditors.
- If you choose to “opt out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision. With regard to your “opt-out”, please contact the Director of Housing Counseling and Economic Opportunity.

Release of your information to third parties:

- So long as you have not opted out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which may be our services possible.
- We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
- Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Please keep this sheet for your record.

Questions? Contact the Assistant Director of Fluvanna Louisa Housing Foundation at 540-967-3438 or lchavis@louisa.org

REFERENCES:

You must give names of three professional references who have known you for at least two years

No family members please.

Name: _____

Address: _____

Email address: _____

Phone: _____

Relationship: _____

Years Known _____

Name: _____

Address: _____

Email address: _____

Phone: _____

Relationship: _____

Years Known _____

Name: _____

Address: _____

Email address: _____

Phone: _____

Relationship: _____

Years Known _____

AUTHORIZATION TO RELEASE AND OBTAIN INFORMATION

I certify that all of the information I have provided is correct and true to the best of my knowledge. I understand that the information obtained is to be used in assessing my eligibility for FLHF First-time Homeowner program at Fluvanna Louisa Housing Foundation. I understand that false or misleading information will affect my ability to access Fluvanna Louisa Housing Foundation program. I understand that the completion of this form in no way guarantees approval.

I hereby authorize Fluvanna Louisa Housing Foundation to receive information or make inquiries on my financial information including, but not limited to, my rental history, income, employment, credit report, and all creditors. I understand that any discussion or release of information is solely for the purpose of qualifying for this home as a first time homeowner. **This authorization expires in 12 months after date of signature.**

Signature: _____
Print Name: _____
Current Address: _____

Today's Date: _____
Date of Birth: _____

Signature: _____
Print Name: _____
Current Address: _____

Today's Date: _____
Date of Birth: _____

FLUVANNA LOUISA HOUSING FOUNDATION SERVICE DISCLOSURE

1. Fluvanna Louisa Housing Foundation has built a new house that is available to a qualified first-time homeowner.
2. **We do not give legal advice.** If we refer you to another agency or organization, you should independently determine whether that agency or organization can address your concerns. We are not responsible for the services provided to you by others.
3. In order to release the client information to these agencies or organizations, we must have a signed Authorization Form from our clients.

ACCEPTED AND AGREED:

By: _____ Date: _____
By: _____ Date: _____

DECLINED/NOT AGREED: *(Signing below will inhibit our ability to work with you)*

By: _____ Date: _____
By: _____ Date: _____

FACTS	WHAT DOES FLUVANNA LOUISA HOUSING FOUNDATION DO WITH YOUR PERSONAL INFORMATION?
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"> • Income • Account balances and payment history • Credit history and credit score
How?	All financial companies need to share customers’ personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers’ personal information; the reasons Fluvanna Louisa Housing Foundation chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Fluvanna Louisa Housing Foundation share?	Can you limit this sharing?
For our everyday business purposes— Such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— To offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We do not share
For our affiliates’ everyday business purposes— Information about your transactions and experiences	No	We do not share
For our affiliates’ everyday business purposes— Information about your creditworthiness	No	We do not share
For our affiliates to market to you	No	We do not share
For nonaffiliates to market to you	No	We do not share

To limit our sharing	<ul style="list-style-type: none"> • Call 540-967-3438 • Email Ichavis@louisa.org <p>Please note:</p> <p>If you are a new customer, we can begin sharing your information [30] days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice.</p> <p>However, you can contact us at any time to limit our sharing.</p>
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Questions?	Call 540-967-3438 or email Ichavis@louisa.org
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Survey Questions

Have you ever owned a house?

Do you qualify as a first time Homebuyer?

If you have not owned a home in the last 3 years, you are eligible as first-time Homebuyer. Would you be willing to work with Piedmont Housing Alliance (PHA)?

When will you be able to purchase? 1 year 2 years 3 years

Are you ready to work with a lender?

Have you seen this house?

Does the location suit your needs (close to work and/or school)?

How does the size of house suit your needs?

How did you hear about this house?

Do you pay your bills on time every month?

Do you know your current credit scores? If so, please write them here _____

Do you have any pets? If so, what kind and how many?

Have you ever worked with PHA, Habitat or any other housing agency?

If you are not selected would you be interested in a first time home owner's class?

How soon will you be prepared to move?

If you are selected, Final Phase will require a credit check and \$15 payment. Do we have permission to check your credit rating?

If so do we have permission to forward your information to PHA?

If you are selected, do we have permission to forward your information to PHA?

Are you interested in discussing your financial goals with a PHA counselor?